ORIGINAL

No. 95-1572

IN THE SUPREME COURT OF THE UNITED STATES

October Term, 1995

ALBERT A. ALLEN,

Petitioner,

v.

UNITED STATES OF AMERICA,

Respondent.

On Petition for Writ of Certiorari to the
United States Court of Appeals for the Sixth Circuit

SUPPLEMENT TO MOTION TO SUBSTITUTE THE AUTHORIZED REPRESENTATIVE OF THE ESTATE OF ALBERT A. ALLEN AS PETITIONER IN LIEU OF ALBERT A. ALLEN, DECEDENT

Brian G. Shannon*
David Griem
Christopher A. Andreoff
JAFFE, RAITT, HEUER & WEISS,
Professional Corporation
Suite 2400, One Woodward Ave.
Detroit, Michigan 48226
(313) 961-8380
Counsel for Movants

April 2, 1996

*Counsel of Record

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4 pp

SUPPLEMENT TO
MOTION TO SUBSTITUTE THE AUTHORIZED REPRESENTATIVE
OF THE ESTATE OF ALBERT A. ALLEN AS
PETITIONER IN LIEU OF ALBERT A. ALLEN, DECEDENT

Movant Barbara Allen and added movant Michael A. Allen supplement the motion previously filed by Barbara Allen on March 27, 1996 in this cause in the following three respects:

1. In paragraph 3 of the motion filed on March 27, 1996, movant represented that a copy of Albert A. Allen's death certificate would be submitted to this Court as soon as possible. It is attached to this supplement. The certificate attached to the original of this supplement is a true copy, bearing the imprinted seal of the City of Warren, Michigan, and showing that Albert Allen died on March 22, 1996.

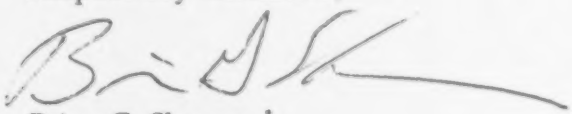
2. State court probate proceedings in the Estate of Albert Allen will be initiated on or about Monday, April 8, 1996, in the Probate Court for the County of Macomb, Michigan, upon the petition of Michael A. Allen. Albert A. Allen's will names his brother, Michael A. Allen, as personal representative and it is expected that next week the Probate Court will issue letters of authority appointing Michael Allen as the personal representative of the Estate. Movants will file and serve a copy of any such letter of authority as soon as possible. It is now even clearer than it was on March 27 that a substitution under Sup. Ct. R. 35.1 can be accomplished very quickly and before the Respondent's response to the petition is due in this Court.

3. The motion filed on March 27 and the alterations related to Albert Allen's death that were made to the certiorari petition also filed on March 27, both were prepared under severe deadline pressure during a 24-hour period on March 25 and 26. In light of this, some passages in the motion and petition suggest that Barbara Allen, Albert

Allen's wife, was expected to become the personal representative. This resulted only from undersigned counsel's unfamiliarity with the Allen family's estate plan. Because that plan contemplates that Michael A. Allen will act as the petitioning personal representative for his brother's estate in the probate court for Macomb County, Michigan, it is appropriate also that he be added as a movant in this Court with respect to this motion for substitution. Barbara Allen and Michael Allen jointly request that the Court permit this addition.

Wherefore Barbara Allen and Michael Allen respectfully pray that an order be entered granting the relief sought in the motion for substitution filed on March 27, 1996.

Respectfully submitted,



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STATE OF MICHIGAN
DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER
1107076

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEDENT'S NAME (First, Middle, Last)	2 SEX	3 DATE OF DEATH (Month, Day, Year)
Albert A. Allen	Male	March 22, 1996

4a AGE - Last Birthday (Years)	4b UNDER 1 YEAR: MONTHS / DAYS	4c UNDER 1 DAY: HOURS / MINUTES	5 DATE OF BIRTH (Month, Day, Year)	6 COUNTY OF DEATH
69			December 26, 1926	Macomb

7a LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c.) HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number)	7b IF HOSP. OR INST. Inpatient, Op./Emer. Room, DOA (Specify)	7c CITY, VILLAGE, OR TOWNSHIP OF DEATH
Macomb Hospital Center	Inpatient	Warren

8 SOCIAL SECURITY NUMBER	9a USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	9b KIND OF BUSINESS OR INDUSTRY
356-14-9067	Owner	Juice Manufacturing

10a CURRENT RESIDENCE - STATE	10b COUNTY	10c LOCALITY (Check one box and specify)	10d STREET AND NUMBER
Michigan	Macomb	☒ INSIDE CITY OR VILLAGE OF Warren ☐ TWP. OF	32802 Barclay Square

10e ZIP CODE	11 BIRTHPLACE (City and State or Foreign Country)	12 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)	13 SURVIVING SPOUSE (If wife, give name before first married)	14 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
48093	Gary, Indiana	Married	Barbara Broquet	Yes

15 ANCESTRY - Mexican, Puerto Rican, Cuban, Central or South American, Chicano, other Hispanic, Afro-American, Arab, English, French, Finnish, etc. (Specify below)	16 RACE - American Indian, Black, White, etc. If Asian, give nationality i.e. Chinese, Filipino, Asian Indian, etc. (Specify below)	17 DECEDENT'S EDUCATION (Specify only highest grade completed)	
		Elementary/Secondary (0-12)	College (1-4 or 5+)
Lebanese	White	9	

PARENTS

18 FATHER'S NAME (First, Middle, Last)	19 MOTHER'S NAME (First, Middle, Surname before first married)
Samuel Allen	Olga Kazal

INFORMANT

20a INFORMANT'S NAME (Type/Print)	20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, ZIP Code)
Mrs. Barbara Allen	32802 Barclay Square, Warren, Michigan 48093

DISPOSITION

21. METHOD OF DISPOSITION - Burial, Cremation, Removal, Donation, Other (specify)	22a PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place)	22b LOCATION - City or Village, State
Cremation	Evergreen Cemetery	Detroit, Michigan

23 SIGNATURE OF FUNERAL SERVICE LICENSEE	24 LICENSE NUMBER (of Licensee)	25 NAME AND ADDRESS OF FACILITY
▶ Michael E. Flannery	5688	A. H. Peters Funeral Home 32000 Scheonherr, Warren, Michigan 48093

26 PART I. Enter the diseases, injuries, or complications that caused the death. Do NOT enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Use only one cause on each line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition → resulting in death)	a STROKE	6 hours
	DUE TO (OR AS A CONSEQUENCE OF)	
Sequentially list conditions, IF ANY, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b ATHERO SCLEROTIC VASCULAR DISEASE Over 5 years.	
	DUE TO (OR AS A CONSEQUENCE OF)	
	c	
	DUE TO (OR AS A CONSEQUENCE OF)	

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